

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	HARRY T. COLLINS. #156625	COURT CASE NUMBER	05-624-SCR
DEFENDANT	CORRECTIONAL MEDICAL SYSTEM	TYPE OF PROCESS	CIVIL
<b>SERVE</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>► CORRECTIONAL MEDICAL SYSTEM</b>		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) HARRY T. COLLINS. 156625 A.R.Y.C.I. 2.H.4 PO BOX 9561 WILMINGTON, DE 19807		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	1
		Number of parties to be served in this case	4
		Check for service on U.S.A.	<input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

FoldFold

RONALD PAUPERIS.

Signature of Attorney or other Originator requesting service on behalf of: <u>HARRY T. COLLINS</u>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	N/A	JAN 21-06

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date
				<u>BF</u>	2-806

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	FILED	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.				
Address (complete only if different than shown above)	FEB - 9 2006	Date of Service <u>2/8/06</u> Time <u>am</u>				
	U.S. DISTRICT COURT DISTRICT OF DELAWARE	Signature of U.S. Marshal or Deputy				
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

## REMARKS:

Insufficient info provided to usms for  
Service. Ret. Unexecuted.